

PLEASE PRINT. ALL REQUESTED INFORMATION IS REQUIRED FOR ENROLLMENT.

Mail in Registration Form for Credit Classes

Office Use Only

Last Name	First Name	MI	Social Security Number
Permanent Address	City	State	Zip
Home Phone	Alternate Phone	Legal Resident: City/Village	County

Student ID Number: _____ Email address: _____

Current Program: _____

The following information is requested for state reporting purposes. Information provided will not affect course admission.

Date of Birth: ___/___/___ **Sex:** Male ___ Female ___ **Ethnicity:** Are you of Hispanic/Latino Origin? Yes ___ No ___

Race: (Circle all that apply)
 Black - Asian - American Indian/Alaska Native - Native Hawaiian/Other Pacific Islander - White

Name of last High School Attended: _____ **City/State** _____

Year of High School Graduation/GED/HSED: _____ **Highest Grade Completed:** _____

I WISH TO BE CONSIDERED FOR REGISTRATION IN THE FOLLOWING COURSES:

COURSE TITLE	CATALOG NUMBER	CLASS NUMBER	TIME	DATE	LOCATION	FEES

FEES ARE DUE WITH REGISTRATION *Senior Fees for person age 62+ are available for Continuing Education Classes only (please provide birthdate above)	TOTAL \$ FEES
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METHOD OF PAYMENT: CHECK/MONEY ORDER (payable to Nicolet College) ___ MASTERCARD ___ VISA ___ DISCOVER ___

CARD ACCT. NO: ___/___/___/___/___ EXPIRATION DATE: ___/___/___

Student Signature _____
 (Required for credit card use)

MAIL TO: Academic Advising/Registration, Nicolet College P.O. Box 518, Rhinelander, WI 54501 Payment of fees must accompany registration form.